

FILED MAY 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4440

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MO.</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		Length of stay in 1b <b>21</b> (If outside, give location) STREET ADDRESS <b>2013 FRANKLIN</b>	
3. NAME OF DECEASED (Type or print) First <b>EVA</b> Middle <b>KATIE</b> Last <b>YOUNG</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>3</b> Year <b>1957</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>B-29-1914</b>
9. AGE (In years last birthday) <b>43 YRS</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>MAGNOLIA, ARK</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>	
13. FATHER'S NAME <b>Alex CROSS</b>		14. MOTHER'S MAIDEN NAME <b>Rosae MOORE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>—</b>	
17. INFORMANT <b>Charles Bell</b>		Address <b>May 5120 ENRIGHT</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HEMORRHAGE OF ESOPHAGICAL VARICES</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CIRRHOSIS, LAENNEC'S</b> DUE TO (c) <b>581.1</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 DAYS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>9:40 P.M.</b> Month, Day, Year <b>APRIL 27, 1957</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>ST. LOUIS</b> COUNTY <b>MO</b> STATE <b>MO</b>	
21. I attended the deceased from <b>9:40 P.M.</b> to <b>MAY 3, 1957</b> and last saw her alive on <b>MAY 3, 1957</b> Death occurred at <b>BARNES HOSPITAL</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. J. Vermeulen, M.D.</b> (Degree or title) M.D.		22b. ADDRESS <b>BARNES HOSPITAL</b>	
22c. DATE SIGNED <b>5/4/57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
23b. DATE <b>5-10-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD</b>	
23d. LOCATION (City, town, or county) <b>ST. LOUIS CITY</b> (State) <b>MO</b>		24. FUNERAL DIRECTOR <b>A.E. WALTON</b> ADDRESS <b>2707 STODDARD ST.</b>	
25. DATE RECD. BY LOCAL REG. <b>MAY 9 57</b>		26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, MD</b>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed N. Claude Gordon

Licensed Embalmer No. 39

P. O. Address 4575

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**, to comply with the above constitute's grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.